|   |  |   |                 |                                |              |                  |       | Application or Docket Number               |              |                     |        |                     |                        |  |
|---|--|---|-----------------|--------------------------------|--------------|------------------|-------|--|--------------|---------------------|--------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003  10797337     |  |   |                 |                                |              |                  |       |  |              |                     |        |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                      |  |   |                 |                                |              |                  |       | SMALL ENTITY OTHER THAT TYPE OR SMALL ENTI |              |                     |        |                     |                        |  |
| TO  | OTAL CLAIMS                                    |   | 17              |                                |              |                  |       | RATE                                       | T            | FEE                 | 1 1    | RATE                | FEE                    |  |
| FOR   |  |   | NUMBER FILED    |                                | NUMBER EXTRA |                  |       | BASIC                                      | EE 3         | 85.00               | OR     | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | / minus 20=     |                                | • 1          |                  |       | X\$ 9                                      | _            |                     | OR     | X\$18=              | T                      |  |
| INC   | DEPENDENT C                                    | LAIMS                                     | 2 minus 3 =     |                                | •            |                  |       | X43=                                       |              | <del></del>         | OR     | X86=                |                        |  |
| ML  | ILTIPLE DEPEN                                  | NDENT CLAIM PI                            | RESENT          |                                |              |                  |       | +145                                       | _            |                     | OR     | +290=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2            |  |   |                 |                                |              |                  |       | TOTA                                       |              | · .                 | OR     | TOTAL               | 770                    |  |
| G 7 NO CLAIMS AS AMENDED - PART II  |  |   |                 |                                |              |                  |       |  | _            |                     |        | OTHER               |                        |  |
| 1   | 301  |   | SMAL            | L EN                           | TITY         | OR               | SMALL | ENTITY                                     |              |                     |        |                     |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |       | RATE                                       | E TI         | ODI-<br>ONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 17                                      | Minus           | -2                             | 7            | = ,              | X\$   | X\$ 9:                                     | =            |                     | OR     | X\$18=              |                        |  |
|   | Independent                                    | . 1                                       | Minus           | <b></b> 3                      | ><br>        | = <              |       | X43=                                       |              |                     | OR     | X86=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                                |              |                  |       | +145:                                      | _            |                     | OR     | +290=               |                        |  |
|   |  |   |                 |                                |              |                  |       |  | AL           |                     |        | TOTAL<br>ADDIT: FEE |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                 |                                |              |                  |       |  | EE <b>L</b>  |                     |        | ADDII. PEEI         | <u></u>                |  |
|   |  | (Column 1)<br>CLAIMS                      | T               | HIGH                           |              | .(Columnia)      | 1 1   |  | Ι Δ          | DDI-                |        |                     | ADDI-                  |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                 | NUMI<br>PREVIC<br>PAID         | DUSLY        | PRESENT<br>EXTRA |       | RATE                                       | <u>:</u> ]⊤⊬ | ONAL                |        | RATE                | TIONAL                 |  |
|   | Total  | *   | Minus           | **                             |              | =                |       | X\$ 9:                                     | =            |                     | OR     | X\$18=              |                        |  |
|   | Independent                                    | *   | Minus           | ***                            |              | =                |       | X43=                                       |              |                     | OR     | X86=                |                        |  |
| Ш   | FIRST PRESE                                    | NTATION OF ML                             | JUINCE DEF      | ENDENT                         | CCAIM        |                  |       | +145:                                      | _            |                     | OR     | +290=               |                        |  |
|   |  |   |                 |                                |              |                  |       | TOT<br>ADDIT. F                            |              |                     | OB     | TOTAL               |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                 |                                |              |                  |       |  | tt <b>-</b>  | •                   | •      | ADDIT, FEE          |                        |  |
|   |  | (Column 1)<br>CLAIMS                      |                 | HIGH                           |              | (Coloniii 3)     | L     |  |              | DDI-                | i      |                     | ADDI-                  |  |
| AMENDM INT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |                 | PREVIO<br>PAID                 | DUSLY        | PRESENT<br>EXTRA |       | RATE                                       | E TI         | ONAL<br>FEE         |        | RATE                | TIONAL<br>FEE          |  |
|   | Total  | *   | Minus           | **                             |              | =                |       | X\$ 9=                                     | =            |                     | OR     | X\$18≈              |                        |  |
| ME  | Independent                                    | *   | Minus           | ***                            |              | =                |       | X43=                                       |              |                     | OR     | X86=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                                |              |                  |       | <del> </del>                               | +            |                     | Ji1    | -                   | <b></b>                |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                 |                                |              |                  |       |  |              |                     | OR     | +290=               |                        |  |
| TOP IT  |  |   |                 |                                |              |                  |       |  |              |                     |        | TOTAL<br>ADDIT, FEE | L                      |  |
| T   | he "Highest Num                                | ber Previously Paid                       | d For (Total or | Independe                      | ent) is the  | highest numbe    | r fou | nd in the                                  | approp       | riate box           | in col | umn 1.              |                        |  |